

MINNESOTA WING CIVIL AIR PATROL CONFERENCE 2 -- 4 MAY 2003

ROOM RESERVATION FORM

Conference attendees are responsible for making their own lodging reservations. Please Mail or Fax this form with the First nights lodging deposit plus 6.5% Minnesota State Sales Tax for each room reserved to: Group Reservations, 9252 Breezy Point Drive, Breezy Point MN 56472 or fax to 218-562-4510 not later than April 1, 2003.

Phone reservations will NOT be accepted. Reservations made after April 1, 2003 are on space availability basis for the

Please Print: HOME PHONE_____ NAME BILLING ADDRESS______ BUSINESS PHONE_____ STATE ZIP_____ E-mail address Arrival Date ______ (check in time 5:00 PM) Departure Date _____ (check out time 12:00 Noon) I would like a □ Smoking Room □ Non-Smoking Room □ Handicap accessible Room For the Type and Cost of lodging, I have indicated the number of rooms and number of people: Number of Number of Cost with Cost per Rooms People per Type Occupanc Location Requested Room 6.5%Tax Night 2 Doubles Breezy Center \$68.50 \$72.96 1-4 Breezy Point Inn 2 Queens 1-4 \$68.50 \$72.96 Breezy Point Inn 1 King & Hide-a-Bed 1-4 \$68.50 \$72.96 2 Doubles & Hide-a-Bed Breezy Center Suites 1-6 \$90.00 \$95.85 2 Double, Hide-a-Bed & Kitchenette Lodge Apartments 1-6 \$90.00 \$95.85 Breezy Point Inn Suites 1 King & Hide-a-Bed 1-4 \$90.00 \$95.85 Your first nights lodging plus 6.5% Minnesota State Sales Tax must accompany this form -- either in a check or your credit card information. [] I have enclosed a check payable to "Breezy Point Resort" in the amount of \$ ☐ MasterCard ☐ American Express ☐ Discover ☐ Diners Club [] Credit Card (choose one): ☐ Visa Print Name (exactly as on card)____ Card #____ Expiration Date Signature (legible) A written confirmation of accommodations will be sent prior to your arrival date. A \$25 service charge is made for cancellations before April 1, 2003. After that date no refunds will be allowed for no shows or cancellations. A major credit card or payment in full is required at time of check in. ACCEPTANCE SIGNATURE: I fully understand and accept Breezy Point Resort's cancellation, early departure and refund policies. * Incomplete forms will not be processed. Signature: (must be age 18 or older to sign) RESORT USE: Total Deposit Enclosed/Charged is \$______ per room for _____ rooms = \$_____.